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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-12456

-	A STATE OF THE STA						REG. 140.	1 0			
	DECEASED NAME FIRST		AIDOLE	·	AST	20 DATE OF E	DEATH MONTH	OAY	YEAR	Zb. HOU	JR A
	Ed	na	Mabel		Bond		May	13,	197	6	:30M
3. 5	EX	4 RACE		5. DATE C		AGE (IN YEAR	RS LAST BIRTHDAY)		FUNGER I YEAR FUNG		R 24 HRS
	Female	Neg:	ro		ril 9, 1920	59 YRS.			OATS	110083	Mire
7s.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORI	BALTIMORE CITY OR COUNTY		ATH		
4	Maryland	U.S.	•A•	WIDOWE		Kent	County				MD
10	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPATION				F BUS IN	ESS OR
1	Chestertown		n FACILITY, GIVE STREET A		's Hospital		or most of working ewife	S LIFE) INC	USTRY		
US 13e	UAL RESIDENCE (IF NURSING HOME STATE 136 COL		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	130. STREET AL	DDBESS				
		Kent	Chester		YES X NO		alvert S	treet			
14.	FATHER'S NAME				15. MOTHER'S MAIDEN NA						
4	John	Douglas	Johnson		Mary		Hallie	I	of ck	erso	n
16e	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS			1620	
	NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES)	217-36-	1830	Hospital Rec	ords.	Chestert	Own -		ylan	
					Nospital Rec	01009	Onester			MATE INTE	
	PART I. DEATH WAS CAUS	only one couse per SED BY:	line for (o), (b), one	O C.		-11-	_	H	ETWEEN	ONSET AND	DEATH
	IMMEDI	ATE CAUSE (a)	Call	10	Myonas	177				4/1	1
	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF	two hea	it to	iluae	,	Т		
CERTIFICATION					NOT RELATED TO THE TERM	200 AUTOP	5Y? 20b. IF	YES, WERE	FINDIN	NGS USE	
₫						YES 🗌	NOT	YES 🗌		NO [
	OR CONTRIBUTING CALISE OF D	LAIN .	M. MONTH DA	Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATU	I8, PART 1 OR	PART 2)			
MEDICAL	TIG. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN							INTY	S	TATE
	22a. I certify that (I) (this haspital) attended the deceased from May 5 19 79 to May 13 sow the deceased alive on May 13 ond that in (my) (surrippinion death occurred on the date and haspital) ond that in (my) (surrippinion death occurred on the date and haspital)									that (1) d	ated
	276. SIGNATURE	us H	ullh	apl	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22	C. DATE	SIGNED	79
1	274. PHYSICIAN'S NAME (TIPE	CHRIST			22e ADDRESS						1
	Harry Paul R	oss, M.D			Chesterto	wn, Mar	yland 21	620			
230	BURIAL, CREMATION, REMOVA			234. NAME OF CEMETERY OR CREMATORY 234. LOCATION					,	61	ATE
	BUR.AI	5-19.	-1979 5	ANI	SCEM.	Ch	ES (ER	COUNTY	4	= AN	Mid
24	FUNERAL DIRECTOR	0			25a. DAT	E REC'D. BY REC	SISTRARIES REG	TRAR'S	SIGNAT	Y9E"	
1	100000	100/4	O LAG C	150	Townel	W 9 2 1	070	interry	ME	Creek	7

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DHMH-16 20M (VRA 15, 4) 7/78

BP.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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	4	-	-	-
	9			

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

7	0	1 2	1.	5	7
- (9 -	1 4	4	J	-

	1 05								EG. NO.				
		CEASED NAME	FIRST		MIDDLE	U	AST	20 DATE OF DE	HTHOM HTA	DAY	YEAR	2b. HOU	IR
	11112	OKPRINT	Ida		Viola]	Bowers	May 9,	1979			3:30)
	3. SE	х	4	RACE		S. DATE O		6 AGE (IN YEARS	AST BIRTHDAY)	IF UND	DAYS	IF UNDER	_
	E	remale		White	9	9	= 10 = 1885	93	Y	RS.	DAYS	HOURS	MIN
-		IRTHPLACE ISTATE OF	R FOREIGN 7:	CITIZEN OF	WHAT COUNTRY?	8 MADDIET	NEVER MARRIED	9 BALTIMORE	CITY OR COU	INTY OF D	ATH		
9		Maryland	4.0	U . S . A	A •	WIDOWE		Kent	County	У			,
2	10 C	ITY OR TOWN OF D	EATH 1	. NAME OF			R OTHER INSTITUTION	12a USUAL OCC	UPATION	NG USES INI	KIND O	FBUSINE	ESS C
4		Chestert	own /				's Hospital	Asst. Po			-	a1 9	Ser
20	USU.	AL RESIDENCE IN NI	URSING HOME OR C	THER INSTITUTION	136. CITY OR TOW		113d INSIDE CITY LIMITS?	130 STREET ADD	RESS				
0	N	Maryland	Queen		Grumpto		YES X NO	and STREET ROSE					
10	14. FA	ATHER'S NAME FIRST	A	DDLE	LAST		15. MOTHER'S MAIDEN N.		DDLE		LAST	1	
0		Samue1		?	Wallen		Susan		abeth	But	ter		
0		WAS DECEASED EVE	ER IN U.S. ARM		166 SOCIAL SECU	URITY NO.	17 INFORMANT		ADDRESS				
2		No.	(IF TES, GIVE V	ANK OK DATES	220-10-	8222A	Hospital Re	cords-Ch	esterto	own, M	aryl	and	2]
		gove rise to i	mmediate	1	mora	1	pa centre	o secon	11000	1			_
h	ICATION	couse (0), sto underlying cou	GNIFICANT CO	ONDITIONS CO	uced	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	? 20b. I	FYES, WER	E FINDIN	IGS USE	
2	RTIFICATION	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CI	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	20a AUTOPS	20b. I	F YES, WER ERTIFYING YES	E FINDIN CAUSES	IGS USE	TH?
29	AEDICAL CERTIFICATION	PART 2 OTHER SI 19a DATE OF OPER 2)a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTHY MEI 21d. INJURY OCCU	GNIFICANT CO	ONDITIONS CO. 196 COND 216. TIME CO. HOUR A. P. 216. PLACE	ONTRIBUTING TO	DEATH BUT A PER PROPER	R	200 AUTOPS YES N	20b. I	F YES, WER ERTIFYING YES W 18, PART 1 OF	E FINDIN CAUSES	IGS USEI OF DEAT	TH?
29	MEDICAL CERTIFICATION	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING [(IF EITHER. NOTIFY MEI 21d. IN JURY OCCU	GNIFICANT CO	ONDITIONS CO. 196 COND 216. TIME CO. HOUR A. P. 216. PLACE	ONTRIBUTING TO	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUI 211 LOCATION STREET	200 AUTOPS YES N RRED (ENTER NATURE	7? 206. I IN CI	F YES, WER ERTIFYING YES w 18, Part 1 Op	E FINDIN CAUSES PART 21	IGS USEI OF DEAT	TH?
29		PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING (IF EITHER. NOTIFY MEI 21d. IN JURY OCCU WHILE NOTIFY AT WORK AT WORK 120 I certify that	GNIFICANT CC RATION UNDERLYING CAUSE OF DEAT DIAGRETIAN DEAT CAUSE OF DEAT DIAGRED WHILE COUNTY WHILE COUNTY (I) (Ithis hospital	DNDITIONS CI WAU 196 COND 216. TIME CHOUR A P. 216. PLACE IATHOME, ST	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceosed from	DEATH BUT OPERATION AY YEAR 19 FARM, EIC) MAY	211. HOW INJURY OCCU	200 AUTOPS YES N RRED (ENTER NATURE	20b. I IN CI	F YES, WER ERTIFYING YES O	E FINDIN CAUSES	IGS USEI OF DEAT NO [rate
29		PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING LIFE HINGER, NOTHY MEE 21d. INJURY OCCU- WHILE NOTHY MEE 27d. I certify that sow the decent	GNIFICANT CC RATION UNDERLYING CAUSE OF DEAT URRED WHILE WORK	DNDITIONS CITY OF THE CONDITION OF THE C	ONTRIBUTING TO CLUB ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceosed from 19 7	DEATH BUT AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 4 19 79 d that in (my) (AMH) apinion	200 AUTOPS YES N RRED (ENTER NATURE	20b. I IN CI	F YES, WER ERTIFYING YES M 18, PART 1 OF	E FINDING CAUSES	IGS USEI OF DEAT NO [rate
29		PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTHY ME) 21d. IN JURY OCCU- WHILE AT WORK AT 22a I certify that sow the dace- observe its 22b SIGN TIPE	GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH DICAL EXAMINER! URRED WHITE WORK WHITE COUNTY COUNTY COUNTY WHITE COUNT	ONDITIONS CITY OF THE CONDITIONS CITY OF THE CONDITIONS CITY OF THE CITY OF TH	ONTRIBUTING TO CLUB ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceosed from 19 7	DEATH BUT AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 4 , 19 79 d that in (my) (pure) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPS YES N RRED (ENTER NATURE CIT , to Ma death occurred o	20b. I IN CI	FYES, WERETIFYING YES CO 19 75 Hour and 1	E FINDIN CAUSES	IGS USEI OF DEAT NO [rate
29		PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS LOOK CONTRIBUTING LIFE HINGER, NOTHY MEE 21d. INJURY OCCU- WHILE NOTHY MEE 27d. I certify that sow the decent	GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH DICAL EXAMINER! URRED WHITE WORK WHITE COUNTY COUNTY COUNTY WHITE COUNT	ONDITIONS CITY OF THE CONDITIONS CITY OF THE CONDITIONS CITY OF THE CITY OF TH	ONTRIBUTING TO CLUB ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, we deceosed from 19 7	DEATH BUT AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCUI 211 LOCATION STREET 4 , 19 79 d that in (my) (auch apinion DEGREE ATTENDING	200 AUTOPS YES N RRED (ENTER NATURE CIT , to Ma death occurred o	20b. I IN CI	FYES, WERETIFYING YES CO 19 75 Hour and 1	E FINDING CAUSES	IGS USEI OF DEAT NO [rate
29		PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY MEI 21d. IN JURY OCCL WHILE WHILE ATT 22d. I certify that sow the dece- observed in the	GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH DICAL EXAMINER! URRED WHITE WORK WHITE COUNTY COUNTY COUNTY WHITE COUNT	PRINT)	ONTRIBUTING TO OF INJURY M. MONTH D OF INJURY REET, FACTORY, OFFICE, be deceosed from y 9 19 Totter death.	DEATH BUT AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCU. 211 LOCATION STREET 4 , 19 79 d that in (my) (pure) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPS YES N RRED (ENTER NATURE CIT , to Ma death occurred o	20b. IIN CI	F YES, WER ERTIFYING YES CO CO 19 75 Hour ond 6	E FINDENDES [PART 2] UNITY Prom the c	IGS USEI OF DEAT NO [rate
29	WEDICAL WEDICAL	PART 2 OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY MEI 21d. IN JURY OCCL WHILE WHILE ATT 22d. I certify that sow the dece- observed in the	GNIFICANT CO RATION JINDERLYING CAUSE OF DEATH DICAL EXAMINER] JRRED WHILE WORK (I) (I has hospite open did) (I ded not) NAME (TYPE OR I	PRINT)	ONTRIBUTING TO LITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, The deceosed from a Y 9 19 7	DEATH BUT AY YEAR 19 FARM, ETC.) May	216. HOW INJURY OCCU. 211 LOCATION STREET 4 , 19 79 d that in (my) (pure) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPS YES N RRED (ENTER NATURE CIT 10 Ma deoth occurred o	20b. I 20b. I IN CI	F YES, WER ERTIFYING YES CO CO 19 75 Hour ond 6	E FINDENCE CAUSES I PART 2 UNITY Prom the cause Ca	IGS USEI OF DEAT NO [sthat (I) (r	TATE

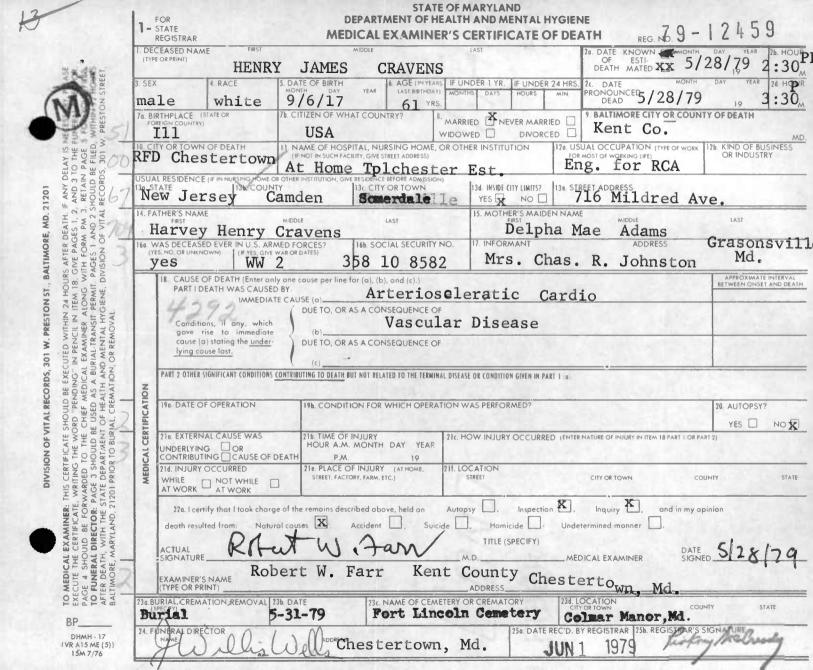
DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR.



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5-31-79 Wort Lincoln Cemetery Colmer Manor, Mil.

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Just you a mar sol. AND THE RESERVE AND THE PROPERTY OF THE PARTY OF THE PART

Chestertown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

And the Market Committee of the Committe

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

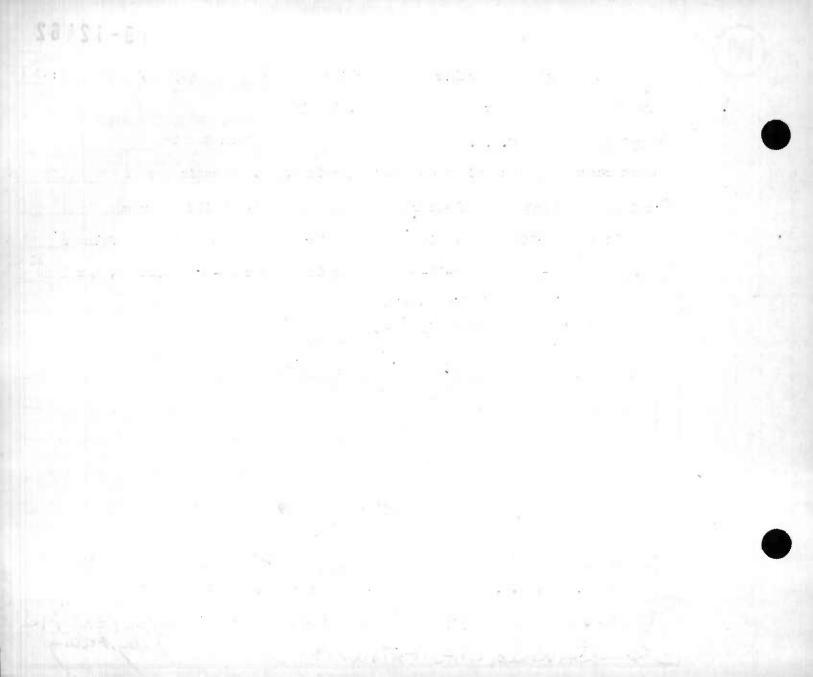
	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND I	MENTAL HYGI DEATH		EG. NO.	9-12	46	2
		CEASED NAME	FIRST	,	MIDOLE	L	AST		20. DATE OF DE		DAY YEAR	2b. HOU	R
			Mary	1	Esther	Hu	tchins			May 13,	1979	10:3	15 %
	3. SEX	K	4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DAYS	IF UNDER	24 HRS
		Female		Negro		2000	11. 14	1909	70	YRS		HOURS	MRN
		RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y?	D NEVER A	AAPPIED [9. BALTIMORE C	ITY OR COUN	TY OF DEATH		
5		farvland		U.S.A	A.	WIDOWE		VORCED	Kent Co	ounty			MD.
		TY OR TOWN OF DE	ATH 11	. NAME OF	HOSPITAL, NURS		ROTHER INST	ITUTION	12a USUAL OCC		12h. KIND (SS OR
7	0	Chestertow	m I		nd Queer		s Hospi	tal, In		ic Work		estic	Worl
		AL RESIDENCE (# NUR	SING HOME OF OT		GIVE RESIDENCE BEF		13d. INSIDE C	TV HALTS?	13e. STREET ADD	DECC			
6		rvland	Ken		Cheste		YES TX	NO [109 Rai		zenite		
		THER'S NAME						MAIDEN NAM	AE				
10		Walter	NI		Rasin	1		rene	NMI	DDIE J	John		
1	láa W	VAS DECEASED EVER	R IN U.S. ARME	D FORCES?	166 SOCIAL SE		17 INFORMA			ADDRESS	gom	5011	0160
	{Y	ves, no or unknown) No	(IF YES, GIVE W	AR OR DATES)	218-14-	11/1/19	Hoeni	tal Per	cords - (hecter	torm Ma	warl ar	2162
	NO	Conditions, if any gove rise to im couse (a), state underlying caus	mediate ng the e last	(b) DUE TO, O	R AS A CONSEC R AS A CONSEC Mut DNTRIBUTING T	DUENCE OF	Lector lowlen	TO THE TERMI	ease of	CONDITION G	GIVEN IN PART 1	(01	
7	CERTIFICATION	19a DATE OF OPERA	ATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	IN CER	ES, WERE FIND TIFYING CAUSE YES []	NGS USED S OF DEAT	H?
	MEDICAL CERT	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED)	CAUSE OF DEATH CALEXAMINER)	21b. TIME O HOUR A. P. 21e PLACE	M. MONTH M.	DAY YEAR 19	ZII LOCATIO		ED (ENTER NATURE	OF INJURY IN ITEM 1	B, PART 1 OR PART 2)		
	ME		VHILE ORK	(AT HOME, ST	REET, FACTORY, OFFIC	CE, FARM, ETC)	STREET		cm	OR TOWN	COUNTY	ST	ATE
		220.1 certify that (1) (this haspital) attended the deceased from April						ATTENDING	death occurred on	STAFF _	aur and from the	that (I) (vecouses sta	,
		22d. PHYSICIAN'S'N	AME (TYPE OR PI	RINT)			22e ADDRES		,		- 7	11/	-
1		Kim K	. Wun,	M • D •			Ches	tertown	n, Maryla	and 2162	20		
	23a. B	SURIAL, CREMATION SPECKY) URIA	, REMOVAL	23b. DATE 5-19	-79 (3 RAV	. 01	REMATORY 1A PIE	23d. LOCATIO	YN/	COUNTY	J p	TIL

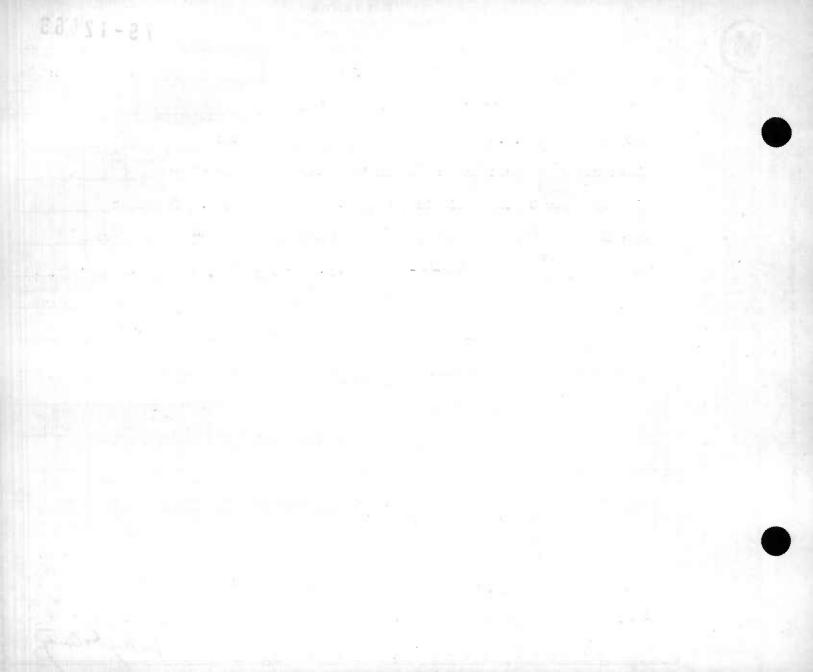
HESTERTOWN M

DHMH-16 20M (VRA 15, 4) 7/7B

TO HOSPITAL

BP





.ND 21201	24 hours ofter deoth. Page 4 m	filled in by the funeral director, particuld be filed within 72 hours after death	expeniner must be notified of once.
PRESTON ST., BALTIMORE, MARYL,	he death certificate be executed withir	he attending physicion and completely emove carbanpapers. Pages 1 and 2 sh motion, ar removal.	r traumotic event, the medical examine
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Page 4 mi or ottending physicion.	After this certificate has been signed by the attending physicion and completely filled in by the funeral director, pays so as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours after detailed hand Mental Hygiene prior to burial, cremation, or removal.	marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							UFMAKTLAND			010	-
	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	79-1	246	5
	1. DEC	CEASED NAME	FIRST	19-2	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	,,,,,		LESSI	E S	SUTTON	N	EWNAM	May	16	1979	Our M
	3 SEX	X .		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	I	Female		White		Dec		82	YRS.	MINS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	OF DEATH	
5		Md.		U.S.A		WIDOWE	DIX DIVORCED	Kent			MD.
	10 CI	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
0		Massey		Home				Housewif	е	Home	
5	13 a S	AL RESIDENCE (IF NURS	13b COUN	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Massey		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NAM				
10		Charles	A	AIDDLE	Sutton	1	Gertrude	MIDDLE		Staat	S
1		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
	(1	No.	(IF TES, GIVE	WAR OR DATES)	213-74-	9307	W.Robert N	ewnam.Jr.	Mass	ey, Md.	21650
		18 CAUSE OF DEAT			line for (o), (by an	d (c)	1 1	13 2	7		ATE INTERVAL
		PART I. DEATH W		D BY: E CAUSE (a)	cere	201	selvelu (UN	-		
	.53	4292		DUE TO, O	R AS A CONSEQUE	NCE OF					
		Canditions, if ony,		(b)_						113	
		gove rise to imm cause tot, statin	ig the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		underlying cause	last.	(c)							
H	NO	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1(a)	
	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
1	TEK	P. 4540 A						YES NO	YES	ING CAUSES C	NO [
9	CER	210. ACCIDENT WAS UND		216. TIME C		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		III	.M.	19					
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	APM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WO	ORK			.0	18	1-	11	19	
	₩.	22a.1 certify that (1)			ne deceased from_	AN	19_[_0	, to/	, 19	, th	nat (f) (we) lost
		sow the decease obove, (I) well is	ed alive on did) (did no	wew the bady	after death.	19.01	nd that in (my) (our) opinion o	deoth occurred an the d	ote and hour a	and from the co	ouses stated
		226. SIGNATURE	0	111-	/	,	DEGREE	MEDICAL STA	ec.	22c. DATE S	IGNED
		IXX	ay .	Vta	VV		ATTENDING PHYSICIAN X			15-10	e-19
1		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADDRESS				
1		Robert V	V. Fa	rr, M.I			Chesterto		620		
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
	-	Burial	L	5/19/	/79 Ma	ssey	Cemetery	Massey,	Kei	224	Md.
	24 FU	JNERAL DIRECTOR	1		ADDRESS		the Contract of the land	E REC'D, BY REGISTRAR	256. REGISTRA	AR'S SIGNATU	IRE
	He	oward E.	Fell	ows, I	Villingt	on, M	d.21651	*** 1070	Lion	Kong 1000	Bready

DHMH - 16 50M 7/77 (VR A 15 (4))

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49-121-62	BIAN INTERNAL		
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	nor vitol	noddud	60.100.00

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Page 4 may be

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN The low spitol or attending physician.

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BP

TO HOSPITAL

nding physician and completely filled in by the funeral discribing popers. Pages 1 and 2 should be filed within 72 hr

be notified of enter

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, or other troumotic event, the medical exomi

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

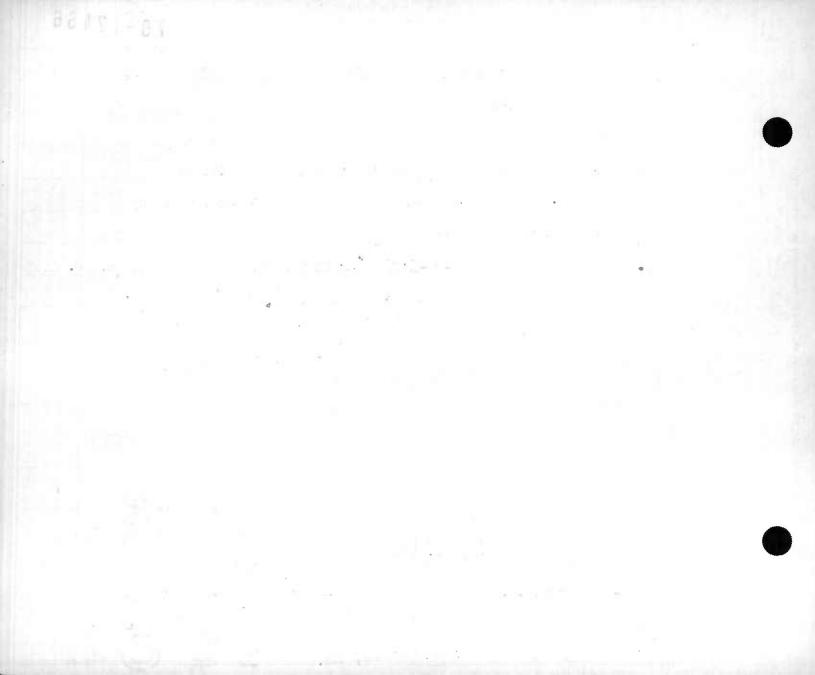
FOR = STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-12466

							REG. NO).				
	ECEASED NAME FIRST PE OR PRINT		MIDOLE		LAST		2e DATE OF DEATH	HTMOM	DAY	YEAR	2b. HO	UR
	Dewey	Ste	rling	I	rice		May		22, 1	1979	5:	35PM
3 5	EX	4 RACE		5. DATE (OF BIRTH	LEAD.	6. AGE (IN YEARS LAST BIRT	HDAY]		RIYEAR	IF UNDER	_
	Male	Whit	e	1	23	99	80	YRS.	MONTHS	OAYS	HOURS	MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	l.			BALTIMORE CITY O			ATH		
	Maryland	Ameri	ca	WIDOW	D NEVER MAI		Kent					440
10.0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPATION			KIND O	F BUSIN	MD IESS OR
1	Chestertown		nd Queen		e Woenit	21	(TYPE OF WORK FOR MOST OF Waterman		LIFE) IND	USTRY		
	JAL RESIDENCE (IF NURSING HOME)				s Hospit	aı	Walelman					
	STATE 136 COL	YINL	13c. CITY OR TOW	N	134. INSIDE CITY		13e. STREET ADDRESS	1 4				
14.6	Maryland Ken		Rock Hal	. 1	YES N	O X	General De	live	гу			
	FIRST	MIDDLE	LAST		FIRS		MIDDLE			LAS	T	
		NMN	Price		Mary		Elizabe		F	ord		
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? WE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRE	55				
	No		220-09-1	.051	Hospita	1 Rec	ords Ch	este	rtown	a, M	d. 2	1620
	II. CAUSE OF DEATH Enter of	only one couse per	line for (a), (b), gni	die	4	1	. 1			ETWEEN C	CHISET AND	DEATH
	PART I. DEATH WAS CAUS		116	21000	LP. QUA	nanh	+ Della 1					
	- I IMMEDIA	ATE CAUSE (0)		-	The same	100			$\overline{}$			
	0712	DUE TO O	R AS A CONSEQUE	NCE OF	CTLO.	- 1 -	1		- 1			
	Conditions, if any, which	1	W.EGGSANSBERG	MEETS 0.1	47 00	een)					
	gave rise to immediate	161-			1-1-1-1	-			_			_
	couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	cu.l.	1	ap 0 =		- 1			
	underlying cause last	- (UIII	000	Tut	6				
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO F	NEATH BUIL	NOT PELATED TO	THE TERM	INIAL MISEASE OR CONI	DITIONIC	IVENI INI I	DART 1/4	-	
Z	T AMI 2 OTTI CATT	CONDITIONS <u>C</u>	51418150111401015	ZEAIN DO	NOT KEEP TE	J I I E I E KIM	MAL DISEASE OR COIN	71110140	IATIA KAL	AKI III	,	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED.	20a AUTOPSY?		ES, WERE			
표							VES CO NOCO		YES T	LAUSES	OF DEA	
ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	F IN HIPY		Tale HOW IN III	DY OCCUPE	YES NO			0 + OT 21	JON	
	OR CONTRIBUTING CAUSE OF D			YEAR	276 110 11 11 11 11	KI OCCOKI	(ED (ENIERIANIDRE OF MOOR	t ha liew 10	, PARITOR	PARI 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M	19								
69	21d. INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OF TOW	(6)	cou	INITY		STATE
E	WHILE NOT WHILE AT WORK	(AI HOME, SII	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINEET		CITORION			154(1)	3	SIAIE
	220.1 certify That (I) (this has	nital) attended th	e decensed from	May	15.	10 79	to May 2	2.19	7%		that (I) ((we) lost
	sow the deceased alive a	May 2	2, 19	70	nd that in (my) (au	er) apinion (death accurred on the do		, , , ,		, , ,	,
	obove, (f) (we) (did) (did r 22b, SIGNATURE	noT) view the body	alter death.									
	IZE SIGNATURE	DMA (~ ()	-0-	DEGREE	ENDING L	MEDICAL _ STAF		122	CDAIL	SIGNED	1
		+ and		Vac		SICIAN A	DIRECTOR PHYSIC		11	5	122	517
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS)	1
	Pak-Chun Cha	n.M.D.			Ches	terto	wn. Md. 21	620				
23a	BURIAL, CREMATION, REMOVA		23c N	NAME OF C	EMETERY OR CRE		23d LOCATION	<u> </u>				
	^ Burial	5/24/			er Ceme		Chester	* t O 5-7	n N	۷d.	.51	TATE
24	FUNERALDIRECTOR	13/44/	1)	ITESL	er ceme		E REC'D. BY REGISTRAR				LIDE	
24	WAME OF THE	00	ADDRESS					A REGIS	JIRAK 5	MAIDINAI	OKE	
á .	/P= 1 / A V U	101/1/4	Chasta	na de ma		LB/F/A V	0.0.1070	4. 1.	. 16	- 7		

DHMH-16 20M (VRA 15, 4) 7/78



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2221 1 7 4 6 / CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH (Type or print) FRANKLIN E. PRICE, SR. Yeor Mav 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) CAYS May 23, 1917 HOURS male white that the death certificate be executed within 24 hours the attending physician and campletely filled in by sit permit. Then please remave carbon papers. 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH oMaryland USA Kent WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Mainteance Vario Chestertown **INDUSTRY** Quaker Neck Various 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STAMaryland | 13b. COUNTY Kent Chestertown RFD YES NOK Fairlee and in any 14. FATHER'S NAME Lost Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Frank C. Price Nora Crouch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Hester Address wife Yes, no, or unknown) (If yes give wor or dates of service) remaval, 18 RED Chestertown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) transit cremat rise to immediate cause (a), by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signe buria buria Page 4 may be retained by the haspital ar attending phys PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta O FUNERAL DIRECTOR: After this certificate has been for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES M Health TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a. I certify that (!) (this hospital) attended the deceased from ________, 1960, ta________, 1979, that (!) (last saw the deceased alive an _________, 1928, and that in (my) (opinion death occurred an the date and hour and from the causes stated abave, (1) (did not) view the body after death. 22b SIGNATURE ATTENDING XXX director, page 3 shauld be filed v PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A.C. Dick Chestertown, Md. 21620 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) St. Paul's Cem. 5/26/79 Near Chestertown, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Chestertown, Md.

200 atility in the second of the second s THE COURSE OF SHEET WAS ASSESSED. A STATE OF THE LOCAL PROPERTY.

Z A	1	FOR STATE REGISTRAR			STATE OF MARYLAND T OF HEALTH AND MENT ERTIFICATE OF DEAT		7.9 - 1	2468	}	
(IVIII)		DECEASED NAME FIRST	MIDDL	E	LAST	2a. DATE OF		DAY YEAR	2b. HOUR 10	
	3. SEX Female 76. BIRTIMPLACE (ST COUNTRY) Maryland 10. CITY OR TOWN Chester USUAL RESIDENCE	Susi	e Eli	zabeth	Wetmore	May 3	May 3, 1979			
To Po	3.	SEX	4 RACE	5. (DATE OF BIRTH	& AGE (IN YE	ARS LAST BIRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4 ector, urs off	L		White			1887 92	YRS.	MONINS DATS	MIT MIT	
h. Po	1		75. CITIZEN OF WHA	AT COUNTRY?	ARRIED NEVER MARR	RIED PALTIMO	RECITY OR COUNTY	OF DEATH		
			U.S.A.				County		MD.	
offer ed with	110			PITAL, NURSING H CILITY, GIVE STREET ADDRI	OME OR OTHER INSTITUT		DCCUPATION FOR MOST OF WORKING LIF	FE) INDUSTRY	F BUSINESS OR	
	4	Chestertown	Kent and	Queen Ar	ne's Hospita	al Hou	sewife	-		
24 hou illed in wold be	13	STATE	JNTY 13c.	CITY OR TOWN	130 INSIDE CITY L					
	_	aryland Quee	n Anne C	rumpton	YES 🔼 NO		Box 191			
with with d 2	1	FIRST	MIDDLE	LAST	15. MOTHER'S MA		MIDDLE	LAST	r	
d comple es 1 ond	4		lobinson	Casey	Annie	Isab	elle ADDRESS	Ashle	у	
Poges Pages	2 16		IVE WAR OR DATES)	SOCIAL SECURITY						
certificate be a many physician of rban papers. Per removal.		No	-	213-22-55	43 Hospital	l Records=C	hestertown	, Maryl	and 2162	
requires that the death co en signed by the attendin Then please remove corb or to burial, cremation, ar- injury, or after traumatic	200	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS	A CONSEQUENCE	of USCUCE	THE TERMINAL DISEASE	OR CONDITION GIV	VEN IN PART 1(o	11	
n. nos ber permit ne pric	CEDTIECATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPE	RATION WAS PERFORME	D 20a AUTC	IN CERTIF	S, WERE FINDIN FYING CAUSES	IGS USED OF DEATH?	
physic trificote Litrons ol Hyg	7	OR CONTRIBUTION C CAUSE OF	EATH HOUR A.M.		YEAR 19	OCCURRED (ENTER NA	'URE OF INJURY IN ITEM 18, P	PART I OR PART 2)		
G PHY Strending er this the bund M and M ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF II (AT HOME, STREET, F	NJURY FACTORY, OFFICE, FARM,	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
RATTENDING hospital or a RECTOR: Afti red for use as spt. of Health rem 21 is mort		22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	May 3	19 79), and that in (my) (aur)	9 <u>79</u> , ta) apinian death accurre	May 3 d on the date and hav	ir and from the c		
2 % Q 4 Q #	1	226. SIGNATURE	uston	~ ·	DEGREE ATTEMPHYS	NDING MEDICAL	STAFF PHYSICIAN	22c. DATE S	SIGNED	
TO HOSPITAL eloined by it TO FUNERAL should be determent its Store	1	Patrick A.	Molony, M		Cheste	ertown, Mar		20		
BP	L	Burial, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 5-5-79	23è NAM Wesl	e OF CEMETERY OR CREM ey (hapel (emetery Ro	ck Hall Ke		Md.	
DHMH-16 20M (VRA 15, 4) 7/78	1	funeral director elfenbein-Hubb	and F.H. (hester,	Md. 21619	MAY 1 4	1979 Zu	RAR'S SIGNATI	A de	

